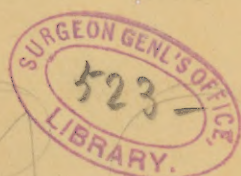


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Inebriety as a disease

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INEBRIETY AS A DISEASE, ANALYTICALLY STUDIED.*

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DURING the last year, basing my convictions on the study of nearly two hundred inebriates who have been committed to this hospital, I presented to the State Medical Society the subject of "Inebriety," especially considering whether or not it deserved the name disease. This especial consideration is needful, not to establish or controvert the fact, but because of the somewhat logical deduction drawn from such designation by various writers, and secondarily by the people also as to the "irresponsibility" of inebriates.

The subject is difficult to define, because of the symmetric character of the frequent brain-impairment; because of the vagueness of the secondary pathology; and because definitions pushed back to their fundamentals, here sooner than elsewhere, reach the unexplainable. Some of the advocates of the disease theory have held to me that the subject needs still farther analytic study. The local conclusions which are drawn from the statement that "inebriety is a disease" comprise the responsibility of action of many hundreds of thousands in this country, and are therefore highly important. I will first quote a few paragraphs from the preceding article mentioned to show the stand there taken.

Speaking of the writings of the Association for the Study and Cure of Inebriety, it was said: "The trend of the literature, however, is not so vague, and is quite plainly toward inebriety as a disease of the brain, resembling insanity or constituting insanity. While hesitating to call inebriety an insanity, except in occasional cases, the writers yet hover about this idea as one giving most significance to their statements."

Definition was given as follows: "We might define inebriety, as far as it deserves the name of disease, as including those cases in which the drinking of alcoholic liquors, either from inherited appetite, from inherited predisposition, or from acquired habit, becomes accompanied by apparently uncontrollable impulse or by mental defects, such as *amnesia*, *trance-state*, *transitory mania*, or

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more chronic *dementia*. But this definition merely defines an insanity, so that we tend, as does the current literature, toward making inebriety merely an insanity, having drinking as its most prominent exciting cause.

"But, although we have made our ideas far more clear, we have still exceeding great difficulty in making the practical application at hand. For it is hard to say *who* has the mental defect and *when* one's will power is overborne. Dr. Crothers tries to find these defects in *all* of those who try to use alcohol to excess. He pictures as strongly as he can a kind of dulled moral sense, dulled mental power, and dulled will power gradually overcoming the victim.

"But even granting that there is dulling of mental and moral keenness in all drinkers, commencing theoretically with the first drink, and increasing proportionately to the amount and duration of the drinking, yet should we not hesitate to call a man insane or irresponsible until signs of insanity are so distinct as to be clearly formulated?"

Concerning the predisposition, it was said: "One man has a genius for music, another could not do the same work after a lifetime of study. One man is alert and nervously active, always in action, another slow and steady footed, and could not by any training attain the genius-like standard of others. In like manner one has that nervous susceptibility that is excited and weakened by alcohol, while his comrades, with the lifetime of habitual association with alcohol, are never drunk. One may possibly call it disease, but as purely a tendency in itself; I can hardly think it a vice or disease, but rather a defective constitutional state. So much for the tendency itself. The habitual yielding to that tendency I should call a *vice*. The diseased condition following, be it mental, physical, or both, I should call a *secondary disease*; if it is mental I should call it *insanity*.

"From the above it will be seen that the yielding to the habit element is on exactly the same plane as yielding to swearing or pernicious habits of any kind."

A study of the present attitude of the profession reveals something like this: *The Journal of Inebriety* and occasional articles elsewhere by the same class of writers, prominent among whom have been Crothers, Kerr, Wright, Mason, Hughes and Parish, hold, though in various meanings, that inebriety is a disease. The prominent neurologists of the country have hardly well defined their position, the subject being somewhat neglected. Dana, in two or three articles, has seemed to call for more con-

servative views, and has set forth distinctions tending to exhibit the fallacy of classing all inebriates alike.

So many disputes of the past have depended upon differences in meaning attached to the same word, that we begin first with definition. "Inebriety" may have four stages: First, taking first or occasional drinks; second, drinking to produce tipsiness or occasional drunkenness; third, drinking to excess, which means frequent and habitual intoxication; fourth, drinking seemingly uncontrollable, with occasional periodicity of manifestation.

This division is one of degree, and we hold is better than one of "amount, drunk," or "duration of habit," or "purpose in drinking."

Now it will hardly be contended that the first stage is a disease, rarely that the second is a disease, while stages three and four, especially the latter, seem to be most frequently meant by writers, though unfortunately they do not often so limit their meaning.

But before going farther, we must also define "disease." In looking over writings we find that disease is used to mean usually, 1st, a clinical entity exclusive of other entities, such as measles, smallpox, rheumatism, etc.; but that it is occasionally used to designate, 2d, a more subordinate element or symptom, such as pain or headache; and again a little differently it may mean, 3d, groups of mental symptoms which are thought to have special lesions, though these may not be demonstrable. Defects or neuroses are not usually called diseases.

By "habit" we may refer to actions, which by repetition have become far more apt to be re-enacted than those not so repeated. The action so designated may have first only the *mental excitement* or incitement, as in swearing or lying; or secondly, it may have also a *physical craving*, natural or induced, which shall make it more binding. Smoking has a small and vague amount of this physical element, but drinking has a quite large amount. The habit part does not cease, however, because the physical craving comes in.

By "vice," we mean an action or habit which in the judgment of the one acting has evil tendencies. It is a matter of difference of judgment at times whether a special act is a vice or not (for example, smoking.)

Now, with our terms defined, what is inebriety—"vice," "habit," or "disease"? May not inebriety be any or possibly all? The first drinking could hardly be a disease; it has hardly become a habit, and it is a vice only if the evil is recognized as such by the drinker. In the second stage, it is probably becom-

ing a *vicious habit*, while in the third or fourth stages the habit seemingly grows stronger and is bound by induced physical failure which had been gradually invading the system. This outlines the *ordinary* case.

Let us separate inebriety into still finer elementary parts. Inebriety may be *caused by* insanity. It is then merely a symptom of an unstable mind, and is the true irresponsible state, though not a disease *of itself* then.

Again, inebriety may be caused by a physical disease, not in any mysterious way, but to relieve pain or depression. The physical disease then is a temptation. Again, inebriety may induce mental disease. This seems sure, as there is a quite distinct degenerative type so produced. But is not such mental disease secondary—just as a pneumonia would be secondary to exposure to cold? Frequently the preceding causation cannot be clearly outlined, and forms are mixed, but the principles remain the same.

But it will be said that we have left out of our analysis the “hereditary” cases, the “uncontrollable” cases, and the “periodical” forms. As regards heredity, I have not, among two hundred of the worst cases in the State, seen any marked cases of *direct* heredity. But by heredity is usually meant the inheritance of defective nervous make-up, which may in the descendant bring epilepsy, or excess in appetite, or mental disease, etc. Of this *indirect* heredity there are a considerable number of cases. This was quite thoroughly brought out in an article by T. D. Wright, that prolific writer on inebriety. In this we believe thoroughly, and have many examples. This kind of heredity, however, only increases the tendency. It only makes the habit more easy. It does not truly constitute any disease, any more than tuberculosis in the parent makes the son diseased. It simply makes disease easily acquired. We all have more or less of tendency or neurosis toward one disease or another, and though by microscope or scalpel we cannot find predisposition, we do not deny its existence.

As regards “uncontrollableness,” the appetite grows surely more and more strong, but it is a little rash to say that it is *fully* uncontrollable unless the man is insane. By the study of cases under the restraint provided here, I have come to think that they have always some control left, although the pitiless surety of chances that they will again drink if free is remarkable. I would, then, personally deny absolute uncontrollableness, and admitting an approximation, would not admit it to be a disease entity, but only symptomatic of both the habit and the natural or induced nerve-change, and instability of nerve or brain.

"Periodicity" is a mysterious element, which has ever been regarded as clinching the disease argument. But if we study periodicity by itself, we find it prominently in insanity in from one-eighth to one-fourth of all cases. We find it in epilepsy, migraine, malaria, and in the physiologic function of menstruation. Nay more, there is in most diseases a tendency to spontaneously recede and the liability to another attack.

Periodicity in its extreme form in inebriety has not been seen in much more than two per cent. of the cases here. In modified and irregular forms, hardly noticeable as periodic, it is seen in a good many more. But at any rate, admitting its mysteriousness, I am inclined to consider it only one sign of a neurotic or nervously unstable temperament; and whether it appear in migraine, epilepsy, insanity or inebriety, to be the same in kind, and in the latter to be an accompaniment of the drinking rather than any element of it. The periodicity in some cases I have studied was inherent in nervous instability, in the neurasthenic attacks, or whatever they may be called, which in turn induced the drinking. It was a physical or emotional state which recurred. The inebriety followed if opportunity offered as an element of relief for the nerve-unrest.

We have now considered most of the elements entering into inebriety. In none of these forms is inebriety (drinking) a disease-entity, though it is in some a disease-symptom, and in many or all the cause of impairments of nerve or brain, which in the end may be grouped together with other bodily impairments, and designated as a disease, called inebriety.

It remains now to try and make our meaning a little more clear by noting the steps which a drinker successively takes. He takes a first drink; the reason is probably a mixture of sociability and desire of emotional excitement. If of unstable nerve-condition, it affects him much; if more normal, but little. He repeats the act at various times, and finally becomes drunk. This is to him simply an undesirable ending, the emotional and nerve exaltation and the sociability being still the ends sought. Habit, as everywhere, holds its power, and a strong craving is at times recognized. Years pass, and so many times and so frequently has intoxication occurred that it is called uncontrollable. The nerve-instability, if not originally present, has been induced. The emotional exaltation and social pleasure are but a flicker now. But the nerve-depression to which he sinks *without* any sustaining liquor, are now the main elements he flees from.

In this, the worst case, has habit gone? Has vice gone unless

the man be definitely deserving of the name insane? Judging not from the inebriety, but from the ordinary evidence, I hardly think so: though I can readily see that they have sunk to a subordinate place.

For complete answer as to sanity, we can judge only by placing the man in favorable circumstances and away from drink; if then insane, so judge him. If not, then do not call him so, nor infer that he is so because of inebriety. My concluding point, thus, is, judge of insanity or irresponsibility by ordinary rules, and not by the fact of inebriety.

In conclusion, I quote a paragraph from a previous writing, concerning the ordinary inebriate state:

"Some years ago I watched and cared for some morphine eaters through the agonies of abrupt withdrawal of morphine. What I witnessed then I called intense unrest—an intense hunger of the nervous system for support. It is this hunger and unrest in kind, I think, that comes on many inebriates paroxysmally, and impels them to drink. It is to a degree a neurasthenic state. Nor do I think it peculiar to inebriates. The exhaustion of mental labor without exercise seems allied to it. The nervous system blindly hungers for something to brace it up, which the liquor temporarily does. This admits, of course, the existence of a gradual impairment of nerve or mind from drinking: theoretically, it is, perhaps, always present, as some seem to claim. Practically, we are obliged to speak of inebriety as having a tendency toward such impairment, sometimes observable, at other times not."

The preceding discussion would be of little value if disease were not held by the writers of the only medical inebriate society in this country to be to a certain degree synonymous with irresponsibility. With this in mind, clear ideas assume vast importance. We have not discussed the pathology of alcoholism, as it is to a great extent secondary, like that of other secondary diseases.

We hold that physical or mental cravings (temptations) are not to exclude habit or intent any more in inebriety than in sexual excess, in criminal life, swearing, smoking, etc. Whether the habitual burglar is any less criminal because of his habitual practice than in the first act of burglary, it is hard to say. The law usually holds him more rigidly, but it does so for society's safety, rather than on account of any idea of the person's increasing responsibility. I would grant freely grades of responsibility, but would think human judgments and human laws not perfect enough as yet to allow for them. I would consider insanity from alcoholic origin as of slow growth. In most cases it passes slowly the arbitrarily-adjudged lines between sanity and insanity. Moreover, it is usually of that symmetric type of failure that is so little noticed at first and so hard to define.

In order to show the standing of the disease advocates as truly as possible, we quote one of the latest and clearest of their statements. The *Journal of Inebriety*, October, 1893, says:

"Inebriety is a psychopathic disease, and no theories which assume a degree of health up to a certain border line, and disease beyond this, are of any value. We have persistently urged the full recognition of inebriety as an organized, progressive degeneration. All half-vice and half-disease theories mean faith-cures and hospitals, pledges and specifics, drugs and punishment, as means of cure and treatment. The term inebriety must be recognized in the same way as insanity is, and be used to designate a disease in which the use of narcotic drugs is a symptom."

We can answer best this view by stating our own.

First—We do recognize inebriety (meaning the resulting condition) as a disease, in much the "same way" as insanity. As far as judging whether it be a disease or not, and as far as thinking of both in many cases as gradually growing impairments, we do, but not as regards their origin. It would seem, if ever there was a vice, it was in the first drinking; provided, of course, its hurtful nature was known.

The disease inebriety (meaning again the varying and complicated combination of effects produced by drinking) has been compared in its origin to that of lead poison. Each would be a "progressive" impairment, initiated and increased by repeated acts, in the one vicious, in the other not. Neither would be called a disease in the first contact with the poison. Each would be called disease when a combination of well-defined symptoms appear.

Second—That inebriety is an "organized progressive degeneration" we would amend by substituting the statement that *progressive inebriety* (progressive drinking) *produces progressive toxic degeneration*, which, affecting the whole nervous system, may show itself most in the brain in the form of insanity, or most in various peripheral symptoms. We would think of its action in accordance with Strumpell's views, as summarized in the *Journal of Mental and Nervous Diseases*. Speaking of delirium tremens and heart failure, he says:

"They are due to a summation of minute toxic effects, just as wrist-drop and epileptic seizure are due to the summation of exceedingly small quantities of lead absorbed daily. The toxic effects of alcohol, a readily oxidized substance, cannot be due to an accumulation of toxic material, but a change of structure resulting from its chemical action on nerve tissue. From an insignificant alteration, a chronic pathological condition gradually results. Comparatively small amounts of alcohol taken regularly and habitually are as effective as an oft-repeated, severe, acute intoxication. As in other acute and chronic intoxications, there is a pronounced difference of individual disposition to the action

of alcohol, and undoubtedly a different individual disposition of the internal organs also exists. Alcohol, like most other poisons, attacks the nervous system first."

Third—The symptoms of a border line between disease and health is not only not mysterious, but something we, as physicians, have to do in almost every case. Few insanities come on with even approximate suddenness. In few cases can the exact day or week of beginning be ever ascertained. What matters it if the day of beginning of locomotor ataxia is never known? That imaginary boundary line between health and disease was passed *somewhere*, and it is true and just to assume some time of beginning arbitrarily.

Our conclusions, then, would be something as follows:

1. We should, for the sake of clearness, not mingle or use interchangeably the words inebriety or irresponsibility; but in the cases in which it can clearly be shown to exist, we should make inebriety mean the drinking, and irresponsibility the insanity so produced.

2. Disease should not be carelessly used to mean predisposition or neurosis, nor should it be used to mean a disease-symptom unless so specified. But when unqualified it should designate a fairly-well defined entity composed of a group of symptoms with known or presumed pathology or causation.

3. Inebriety (excessive drinking) can then be stated to be not a disease, but as tending to produce various diseased conditions. These diseased conditions are quite general in character, but most notably seen in nerve-failure and brain-failure.

4. The predisposition varies in different persons, and constitutes a temptation.

5. Irresponsibility is of varying grade, and the law does not necessarily follow these grades, but adjudges penalty—first by the consequences of the act, and secondly for the safety of society.

6. In our opinion none of the early degrees of inebriety, as a rule, produces sufficient effect to be named disease or irresponsibility. This being true, even if there be a growing mental impairment, we would call the mental state insanity only when it would be so called if induced by other causative conditions.

Insanity as a disease is also subject to this same rule. The name is not applied to all mental changes, but only to those which have a considerable definition. Multitudes of mental impairments are not called insanity at all.

